☐ Participant ☐ Parent ☐ Legal Guardian

HOW AND WHEN TO REGISTER Online at www.DublinRecGuide.com • In Person • Mail-in Shannon Community Center, 11600 Shannon Ave., Dublin, CA 94568 **Summer 2016 Classes & Activities** Residents: Tuesday, April 19 at 8 AM Non-Residents: Tuesday, April 26 at 8 AM Preschool: 2016-2017, Session II Priority: October 20 at 8 AM Residents: November 10 at 8 AM Non-Residents: November 17 at 8 AM After-School Recreation/Student Union: Session. 2016-2017, Session I Residents: Tuesday, May 17 at 8 AM Non-Residents: Tuesday, May 31 at 8 AM **Senior Center Programs** Registration for Senior Programs is on-going

No Phone or Faxed Registrations Accepted

- Full payment is due at the time of registration. Checks are payable to the "CITY OF DUBLIN." MasterCard, Visa, Discover and American Express credit cards are accepted.
- Only check payments can be submitted with mail-in registrations. Credit Card payments must be made in person or online at www.DublinRecGuide.com.
- For mail-in registrations, confirmations will be sent to the email address on the registration form.
- If you do not already have an online account with us, please call (925) 556-4500 to set up a free account, or set up an account at www.DublinRecGuide.com.

Activity Withdrawals and Refunds

Withdrawals may be done online at www.DublinRecGuide.com, over the phone, or by sending an email to parksandcommunityservices@dublin.ca.gov:

If the withdrawal is requested up to four (4) business days prior to the activity start date, the full registration fee will be refunded. Refunds are issued in the

Online at www.DublinRecGuide.com • I Dublin Senior Center, 7600 Amador Valley	email <u>pa</u> i	same manner as the original form of payment. Please call (925)556-4500, or email parksandcommunityservices@dublin.ca.gov. Refunds can take up to 30			
Note: Registrations received prior to Call (925)556-4500 for more information	 days, and are subject to a \$5 processing fee. If the withdrawal is requested less than four (4) business days before the activity start date, the activity fee will be forfeited and no refund will be issued. 				
PARENT/MAIN CONTACT	T INFORMATION		,,		
Last Name:		First Name	:		
Address:		City:	State: Zip:		
Home/Evening Ph: ()	Work/D	aytime Ph: ()	
Email Address:					
Emergency Contact/Relati		Ph: ()		
☐ Special Needs: If you or yo	our child has special needs rela	ted to this prog	gram or activity, pl	ease check this	box.
PARTICIPANT'S NAME	BIRTHDATE M/F A	CTIVITY TITLE	ACTIVITY#	2 ND CHOIC	E FEE
The City of Dublin Youth Fee Assistance program will allow children to have qualit \$1 to the Youth Fee Assistance Program	ty recreational experiences that may n	ot be possible with	out financial assistance.		
				Total fe	es due:
I understand that photographs may be used in the City of Dublin PLEASE CAREFULLY READ THI SHOULD YOU OR YOUR CHILD Waiver and Release: I specifically acknow in such activity that I do so voluntarily and at my equipment and transportation services, hereby a City") for any loss or damage, and any claim or dity or otherwise, while the undersigned is in, up In addition, the undersigned hereby agrees to in attorney's fee, the City may incur due to the presengligence of the City or otherwise. If this agreen and not to the parent or guardian signing on the contacted and it is necessary to administer furthe OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE	n's publications. E FOLLOWING PARAGRAPH. BE INJURED WHILE PARTIC owledge that City recreation programs may in own risk. THE UNDERSIGNED, in consideration grees to RELEASE, WAIVE, DISCHARGE, AND Co emands therefore on account of injury to the ion, or about the premises or any facilities or demnify and save and hold harmless, and de ence of the undersigned, in, upon, or about nent is signed on behalf of a minor by a parer child's behalf. In the case of an injury to my er medical treatment, I will take full responsit E READ THIS RELEASE.	AMONG OTHIPATING IN A ICLUDE PHYSICAL ACTIVITY OF PARTICIPATION IN THE PERSON OF TESTING IN THE PHYSICAL ACTIVITY OF THE	that can result in injury to recreation program and the CITY OF DUBLIN, its officithe death of the undersignarising out of, or in the couse, the City from any loss, lany using any facilities or asses "I" and "the undersigned the City staff to administed expenses. I HAVE READ AND was any using any facilities or asses "I" and "the undersigned the City staff to administed expenses. I HAVE READ AND was any using any facilities or asses "I" and "the undersigned the City staff to administed expenses. I HAVE READ AND was a supposed to the City staff to administed expenses.	participants, and I agrie use of the City of Dul cers, employees, and a nice, whether caused burse of any transportation in the City damage or cosequipment of the City and in the previous para or minor first aid. In the VOLUNTARILY SIGN THI	ree that should I engage blin's facilities, premises, agents (collectively, "the by the negligence of the ion provided by the City, st, including reasonable whether caused by the agraph refer to the child e event that I cannot be IS RELEASE AND WAIVER
Signature	Date		Initial:	aru — cileck NO:	